

CHAPTER 13  
 SECTION 9.1  
 ADDENDUM 1, SECTION 1

TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES -  
 INTEGUMENTARY SYSTEM

The number following the procedure code is the TRICARE payment group.

SKIN, SUBCUTANEOUS AND AREOLAR TISSUES

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<u>INCISION</u>		
10180	4	Incision and drainage, complex, postoperative wound infection
<u>EXCISION DEBRIDEMENT</u>		
11042	1	Debridement; skin, and subcutaneous tissue
11043	4	Debridement; skin, subcutaneous tissue, and muscle
11044	4	Debridement; skin, subcutaneous tissue, muscle, and bone
<u>EXCISION-BENIGN LESIONS</u>		
11404	3	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs, lesion diameter 3.1 to 4.0 cm
11406	3	Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter over 4.0 cm
11424	4	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
11426	4	Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
11444	2	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane, lesion diameter 3.1 to 4.0 cm
11446	4	Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
11450	4	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	4	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	4	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	4	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	4	Excision of skin and subcutaneous tissue for hidradenitis, erianal, perineal, or umbilical; with simple or intermediate repair
11471	4	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
<u>EXCISION-MALIGNANT LESIONS</u>		
11604	4	Excision, malignant lesion, trunk, arms, or legs; lesion diameter 3.1 to 4.0 cm

**SKIN, SUBCUTANEOUS AND AREOLAR TISSUES (CONTINUED)**

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
11606	4	Excision, malignant lesion, trunk, arms, or legs; lesion diameter over 4.0 cm
11624	4	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
11626	4	Excision, malignant lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm
11644	4	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 3.1 to 4.0 cm
11646	4	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter over 4.0 cm

**MISCELLANEOUS**

11770	5	Excision of pilonidal cyst or sinus; simple
11771	6	Excision of pilonidal cyst or sinus; extensive
11772	5	Excision of pilonidal cyst or sinus; complicated

**INTRODUCTION**

11960	4	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	5	Replacement of tissue expander with permanent prosthesis
11971	2	Removal of tissue expander(s) without insertion of prosthesis

**REPAIR-SIMPLE**

12005	1	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	4	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	4	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12016	4	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	4	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018	4	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12020	2	Treatment of superficial wound dehiscence; simple closure
12021	2	Treatment of superficial wound dehiscence; with packing

**REPAIR-INTERMEDIATE**

12034	1	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	4	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12036	4	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037	4	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12044	4	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm

**SKIN, SUBCUTANEOUS AND AREOLAR TISSUES (CONTINUED)**

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
12045	4	Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	4	Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	4	Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12054	4	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	4	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	4	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	4	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm

**REPAIR-COMPLEX**

13100	4	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	5	Repair, complex, trunk; 2.6 cm to 7.5 cm
13102 <sup>13</sup>	3	each additional 5cm or less (List separately in addition to code for primary procedure.)
13120	4	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	1	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122 <sup>13</sup>	3	each additional 5cm or less (List separately in addition to code for primary procedure.)
13131	1	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	2	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13133 <sup>13</sup>	3	each additional 5cm or less (List separately in addition to code for primary procedure.)
13150	5	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
13151	1	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	2	Repair, complex, eyelids, nose, ears, and/or lips; 2.6 cm to 7.5 cm
13153 <sup>13</sup>	3	each additional 5cm or less (List separately in addition to code for primary procedure.)
13160	4	Secondary closure of surgical wound or dehiscence, extensive or complicated
13300 <sup>12</sup>	3	Repair, unusual, complicated, over 7.5 cm, any area

**ADJACENT TISSUE TRANSFER OR REARRANGEMENT**

14000	4	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	5	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 cm
14020	5	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	5	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	3	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less

**SKIN, SUBCUTANEOUS AND AREOLAR TISSUES (CONTINUED)**

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
14041	5	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	5	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	5	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14300	6	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area
14350	5	Filletted finger or toe flap, including preparation of recipient site

**FREE SKIN GRAFTS**

15000	4	Excisional preparation or creation of recipient site by excision of essentially intact skin (including subcutaneous tissues), scar, or other lesion prior to repair with free skin graft (list as separate service in addition to skin graft)
15050	4	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15100	4	Split graft, trunk, scalp, arms, legs, hands, and/or feet except multiple digits); 100 sq cm or less, or each one percent of body area of infants and children (except 15050)
15101	5	Split graft, trunk, scalp, arms, legs, hands, and/or feet (except multiple digits); each additional 100 sq cm, or each one percent body area of infants and children, or part thereof
15120	4	Split graft, face, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits; 100 sq cm or less, or each one percent of body area of infants and children (except 15050)
15121	5	Split graft, face, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits; each additional 100 sq cm, or each one percent of body area of infants and children, or part thereof
15200	5	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	4	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm
15220	4	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15221	4	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm
15240	5	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 20 sq cm or less
15241	5	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 20 sq cm
15260	5	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	4	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm
15350	4	Application of allograft (homograft), skin
15400	4	Application of xenograft, skin

**SKIN, SUBCUTANEOUS AND AREOLAR TISSUES (CONTINUED)**

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
15570	5	Formation of direct or tubed pedicle, with or without transfer; trunk
15572	5	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	5	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15576	5	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips or intraoral
15580 <sup>12</sup>	5	Cross finger flap, including free graft to donor site
15600	5	Delay of flap or sectioning of flap (division and inset); at trunk
15610	5	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	6	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands (except 15625), or feet

**PEDICLE FLAPS (SKIN AND DEEP TISSUES)**

15625 <sup>12</sup>	5	Delay of flap or sectioning of flap (division and inset); section pedicle of cross finger flap
15630	5	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	7	Transfer, intermediate, of any pedicle flap (e.g., abdomen to wrist, "Walking tube"), any location

**FLAPS (SKIN AND/OR DEEP TISSUES)**

15732	5	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (e.g., temporalis, masseter, sternocleidomastoid, levator scapulae)
15734	5	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15736	5	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	5	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity

**OTHER GRAFTS**

15740	4	Flap; island pedicle
15750	4	Flap; neurovascular pedicle
15755 <sup>10</sup>	5	Flap; free flap (microvascular transfer)
15756 <sup>9</sup>	5	Free muscle flap with or without skin graft with microvascular anastomosis
15757 <sup>9</sup>	5	Free skin flap with microvascular anastomosis
15758 <sup>9</sup>	5	Free fascial flap with microvascular anastomosis
15760	4	Graft; composite (full thickness of external ear or nasal ala), including primary closure, donor area
15770	5	Graft; derma-fat-fascia

**MISCELLANEOUS PROCEDURES**

15840	6	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	6	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842	6	Graft for facial nerve paralysis; free muscle <b>flap</b> by microsurgical technique
15845	6	Graft for facial nerve paralysis; regional muscle transfer

**PRESSURE ULCERS (DECUBITUS ULCERS)**

15920	5	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
15922	6	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
15931	5	Excision, sacral pressure ulcer, with primary suture
15933	5	Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934	5	Excision, sacral pressure ulcer, with skin flap closure

**SKIN, SUBCUTANEOUS AND AREOLAR TISSUES (CONTINUED)**

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
15935	6	Excision, sacral pressure ulcer, with local or regional skin flap closure (e.g., advancement rotation, rhomboid, bipedicle); with ostectomy
15936	6	Excision, sacral pressure ulcer, with muscle or myocutaneous flap closure
15937	6	Excision, sacral pressure ulcer, with other flap closure; with ostectomy
15940	5	Excision, ischial pressure ulcer, with primary suture
15941	5	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischietomy)
15944	5	Excision, ischial pressure ulcer, with skin flap closure
15945	6	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946	6	Excision, ischial pressure ulcer, with ostectomy, with muscle or myocutaneous flap closure
15950	5	Excision, trochanteric pressure ulcer, with primary suture
15951	6	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
15952	5	Excision, trochanteric pressure ulcer, with skin flap closure
15953	6	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
15956	5	Excision, trochanteric pressure ulcer, with muscle or myocutaneous flap closure
15958	6	Excision, trochanteric pressure ulcer, with muscle or myocutaneous flap closure; with ostectomy

**BURNS, LOCAL TREATMENT**

16015	4	Dressing and/or debridement, initial or subsequent; under anesthesia, medium or large, or with major debridement
16030	2	Dressings and/or debridement, initial or subsequent; without anesthesia, large (e.g., more than one extremity)
16035	4	Escharotomy; <b>initial incision</b>

**DESTRUCTION, BENIGN OR PREMALIGNANT LESIONS**

17106 <sup>6</sup>	1	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm
17107 <sup>6</sup>	1	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 - 50.0 sq cm
17108 <sup>6</sup>	3	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq cm

**BREAST**

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
<b><u>INCISION</u></b>		
19020	4	Mastotomy with exploration or drainage of abscess, deep
<b><u>EXCISION</u></b>		
19100	3	Biopsy of breast; <b>percutaneous</b> , needle <b>core</b> , <b>not using imaging guidance</b> (separate procedure)
19101	6	Biopsy of breast; <b>open</b> , incisional
19102 <sup>15</sup>	4	<b>Biopsy of breast; percutaneous, needle core, using imaging guidance</b>
19103 <sup>15</sup>	4	<b>Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance</b>
19110	4	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct



**BREAST (CONTINUED)**

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
19112	5	Excision of lactiferous duct fistula
19120	6	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions
19125	5	Excision of breast lesion identified by pre-operative placement of radiological marker, open; single lesion
19126	5	Excision of breast lesion identified by pre-operative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19140	6	Mastectomy for gynecomastia through circumareolar or other incision
19160	8	Mastectomy, partial
19162	9	Mastectomy, partial; with axillary lymphadenectomy
19180	6	Mastectomy, simple, complete
19182	6	Mastectomy, subcutaneous
19260	7	Excision of chest wall tumor including ribs

**INTRODUCTION**

19290 <sup>8</sup>	3	Preoperative placement of needle localization wire, breast
19291 <sup>8</sup>	3	Preoperative placement of needle localization wire, breast; each additional lesion

**REPAIR AND RECONSTRUCTION**

19318	6	Reduction mammoplasty
19328	2	Removal of intact mammary implant
19330	2	Removal of mammary implant material
19340	4	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	5	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	6	Nipple/areola reconstruction
19357	7	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19364	7	Breast reconstruction with free flap
19366	7	Breast reconstruction with other technique
19370	6	Open periprosthetic capsulotomy, breast
19371	6	Periprosthetic capsulectomy, breast
19380	7	Revision of reconstructed breast

Except as provided below, all procedures are effective as of November 1, 1994

- <sup>1</sup> Code added for services performed on or after January 1, 1995
- <sup>2</sup> Code added for services performed on or after February 27, 1995
- <sup>3</sup> Code deleted for services performed on or after April 1, 1995
- <sup>4</sup> Code deleted for services performed on or after April 26, 1995
- <sup>5</sup> Payment group changed for services performed on or after February 27, 1995
- <sup>6</sup> Code added October 1995 effective for services performed on or after November 1, 1994
- <sup>7</sup> Code deleted for services performed on or after March 31, 1996
- <sup>8</sup> Code added for services performed on or after January 1, 1996
- <sup>9</sup> Code added for services performed on or after January 1, 1997

- <sup>10</sup> Code deleted for services performed on or after January 1, 1997
- <sup>11</sup> Code added for services performed on or after November 1, 1998
- <sup>12</sup> Code deleted for services performed on or after January 1, 2000
- <sup>13</sup> Code added for services performed on or after January 1, 2000
- <sup>14</sup> Code deleted for services performed on or after January 1, 2001
- <sup>15</sup> Code added for services performed on or after January 1, 2001